

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: BREAST PAD ASSEMBLY CONTAINING
A SKIN BENEFIT INGREDIENT
Attorney Docket Number:: KCC 4775 (K.C. No. 17,129)
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity?:: No
Petition Included?:: No
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Beth
Middle Name:: A.
Family Name:: Lange
City of Residence:: Appleton
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 415 S. Olde Oneida, #319
City of Mailing Address:: Appleton
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David

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Middle Name:: J.
Family Name:: Tyrrell
City of Residence:: Appleton
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 415 S. Olde Oneida, #318
City of Mailing Address:: Appleton
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Duane
Middle Name:: G.
Family Name:: Krzysik
City of Residence:: Appleton
State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: 1112 E. Melrose Avenue
City of Mailing Address:: Appleton
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54911

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: E.
Family Name:: Laabs
City of Residence:: Hortonville

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State or Province of Residence:: WI
Country of Residence:: US
Street of Mailing Address:: W8623 Pheasant Run
City of Mailing Address:: Hortonville
State or Province of Mailing
Address:: WI
Postal Code of Mailing Address:: 54944-9334

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bruce
Middle Name:: S.
Family Name:: Williamson
City of Residence:: Alpharetta
State or Province of Residence:: GA
Country of Residence:: US
Street of Mailing Address:: 2020 Compass Pointe Drive
City of Mailing Address:: Alpharetta
State or Province of Mailing
Address:: GA
Postal Code of Mailing Address:: 30005

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Assignee Information

Assignee Name:: Kimberly-Clark Worldwide, Inc.